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Date: February 21, 2003 **File Number:** 5770.21
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From: Julie H. Richardson
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Comments:

After Final Amendment

In re: Bastiaan Driehuys et al.

Serial No.: 09/804,369

Filed: March 12, 2001

For: DIAGNOSTIC PROCEDURES USING DIRECT INJECTION OF GASEOUS
HYPERPOLARIZED ¹²⁹XE AND ASSOCIATED SYSTEMS AND PRODUCTS

Examiner: Michael G. Hartley

Group Art Unit: 1616

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Attorney's Docket No. 5770.21

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Bastiaan Driehuys et al.

Examiner: Michael G. Hartley

Serial No.: 09/804,369

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For: **DIAGNOSTIC PROCEDURES USING DIRECT INJECTION OF GASEOUS
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February 21, 2003

Box AF

Commissioner for Patents

Washington, DC 20231

Sir:

Transmitted herewith is an AMENDMENT in the above-identified patent application.

- ☐ Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 C.F.R. §§ 1.9 and 1.27 is enclosed.
- ☒ No additional fee is required.
- ☐ Other:

The fee has been calculated as shown below:

(COL. 1)		(COL. 2)	(COL. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	RATE	ADDIT. FEE	OR RATE	ADDIT. FEE
Total	35-	88	= 0	x 09=	\$	x 18=	\$.00
Indep	3-	14	= 0	x 42=	\$	x 84=	\$.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+140=	\$	+280=	\$
				Total Add. Fee \$		OR Total	\$.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

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- ☐ Please charge Deposit Account No. 50-0220 in the amount of \$ ____.
- ☐ A check in the amount of \$ ____ to cover the additional claim fee.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0220.
- ☒ Any additional filing fees required under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,



Julie H. Richardson
Registration No. 40,142

Correspondence Address:



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PATENT TRADEMARK OFFICE

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I hereby certify that this correspondence is being sent by facsimile transmission to Commissioner for Patents, Washington, DC 20231, at (703) 872-9307 on February 21, 2003.



Rosa Lee Brinson Date of Signature: February 21, 2003